



2016

Vermont Police Association

Rifle Competition Registration Form

Lamoille Fish & Game Gun Club

Last Name: _____ First Name: _____
Address: _____ City: _____
D.O.B. _____ Sex: Male Female
Phone # _____ Cell Phone # _____
Employer: _____ Employer Ph. # _____
Emergency Contact # _____ Ph. # _____
Email Address: _____

Are you a current member of the Vermont Police Association: Yes or No. If NO, you will have to register as a VPA member today. You must be a law enforcement officer with in the boundaries of Vermont. The cost is \$10.00. Paid by cash, credit card or check # _____

Medical Issues: Please list any medical issues or concerns we should know about.

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____

Release of Liability

I agree to hold the Vermont Police Association harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this activity, including travel to and from the activity (including air travel) or any events incidental to this activity. If the Vermont Police Association incurs any of these types of expenses, I agree to reimburse the Vermont Police Association."

Initial: _____

I give my permission to receive medical treatment in case of an emergency. If I need medical treatment as a result of my participation in this activity, or any events incidental to this activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the Vermont Police Association does not provide health insurance for me and that I should carry my own health insurance."

Initial: _____

I also acknowledge this activity is dangerous and can lead to personal injury and/or death. I release the Vermont Police Association their employees, officers, volunteers and agents from liability including but not limited to personal injury, death, and loss of personal property. In consideration for being allowed to participate in this activity, I release from liability and waive my right to sue the Vermont Police Association, their employees, officers, volunteers and agents from any and all claims, including claims of the Vermont Police Association negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this activity.

Initial: _____

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the Vermont Police Association from all liability, (b) waiving my right to sue the Vermont Police Association, (c) and assuming all risks of participating in this activity.

Initial: _____

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____